

**FOR TAX YEAR 2018**

AMERIWAY CORPORATION

Sara Sam CPA PC  
2424 E York Street 301C  
Philadelphia, PA 19125  
(215) 667-8839

## Sara Sam CPA PC

2424 E York Street 301C  
Philadelphia, PA 19125  
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Phone: (215)667-8839 | Fax: (215)695-2376

February 10, 2020

AMERIWAY CORPORATION  
2424 E YORK ST, STE 223  
Philadelphia, PA 19125

AMERIWAY CORPORATION:

Enclosed is the 2018 Philadelphia Business Income and Receipts Tax return, prepared for AMERIWAY CORPORATION from the information provided. This return will be e-filed with the Philadelphia taxing authority.

The corporation's Philadelphia Business Income and Receipts Tax return reflects a balance due of \$1,441.

Make this payment on or before April 15, 2019. If not paying electronically, mail your payment to the following address:

Philadelphia Department of Revenue  
PO Box 1393  
Philadelphia, PA 19105-1393  
(Payable to City of Philadelphia)

The corporation's Philadelphia Business Income and Receipts Tax estimated payments have been prepared for the 2019 tax year. The corporation's Philadelphia Business Income and Receipts Tax estimate details by quarter are as follows:

1st Quarter : \$1,060 due on April 15, 2019

If not paying electronically, mail each payment separately with the corresponding voucher on or before the due date to the following address:

Philadelphia Department of Revenue  
PO Box 1393  
Philadelphia, PA 19105-1393  
(Payable to City of Philadelphia)

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (215)667-8839.

Sincerely,

Sara Sam  
Sara Sam CPA PC

**Amended U.S. Corporation Income Tax Return**

For tax year ending

► 12-2018

(Enter month and year.)

Name

AMERIWAY CORPORATION  
UNITED E-LOGISTICS CORPORATION

Employer identification number

81-4134438

Please  
Type  
or  
Print

Number, street, and room or suite no. If a P.O. box, see instructions.

2424 E YORK ST

STE 223

City or town, state, and ZIP code

Philadelphia

PA 19125

Telephone number (optional)

Enter name and address used on original return. If same as above, write "Same."

SAME

Internal Revenue Service Center  
where original return was filed**Fill in applicable items and use Part II on page 2 to explain any changes**

<b>Part I</b>	<b>Income and Deductions</b> (see instructions)	(a) As originally reported or as previously adjusted	(b) Net change - increase or (decrease) - explain in Part II	(c) Correct amount
1	Total income .....	1	848,839	848,839
2	Total deductions .....	2	679	931,614
3	Taxable income. Subtract line 2 from line 1 .....	3	(679)	(82,775)
4	Total tax .....	4		(83,454)

**Payments and Credits** (see instructions)

5a	Overpayment in prior year allowed as a credit .....	5a		
5b	Estimated tax payments .....	5b		
5c	Refund applied for on Form 4466 .....	5c		
5d	Subtract line 5c from the sum of lines 5a and 5b .....	5d		
5e	Tax deposited with Form 7004 .....	5e		
5f	Credit from Form 2439 .....	5f		
5g	Credit for federal tax on fuels and other refundable credits .....	5g		
6	Tax deposited or paid with (or after) the filing of the original return .....	6		
7	Add lines 5d through 6, column (c) .....	7		
8	Overpayment, if any, as shown on original return or as later adjusted .....	8		
9	Subtract line 8 from line 7 .....	9		

**Tax Due or Overpayment** (see instructions)

10	Tax due. Subtract line 9 from line 4, column (c). If paying by check, make it payable to the "United States Treasury" .....	► 10
11	Overpayment. Subtract line 4, column (c), from line 9 .....	► 11
12	Enter the amount of line 11 you want: Credited to 20      Estimated tax ►      Refunded ►	12

Sign Here	Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	XIYAN ZHANG Signature of officer	Date	► CEO Title

Paid Preparer Use Only	Preparer's signature Sara Sam	Date 02-10-2020	Check <input type="checkbox"/> if self-employed	PTIN P01602029
	Print/Type preparer's name Sara Sam			Firm's EIN ► 47-1500758
	Firm's name ► Sara Sam CPA PC			Phone no. (215) 667-8839
	Firm's address ► 2424 E York Street 301C Philadelphia PA 19125			

**Part II** **Explanation of Changes to Items in Part I** (Enter the line number from Part I for the items you are changing, and give the reason for each change. Show any computation in detail. Also, see **What To Attach** in the instructions.)

If the change is due to a net operating loss carryback, a capital loss carryback, or a general business credit carryback, see

**Carryback Claims** in the instructions, and check here . . . . .

ORIGINALLY FILED INCOMPLETE VERSION OF THE TAX RETURN. ALL LINE

ITEMS ARE UPDATED TO REFELCT THE CORRECT TRANSACTIONS.

Form 1120

Department of the Treasury  
Internal Revenue Service

## U.S. Corporation Income Tax Return

For calendar year 2018 or tax year beginning \_\_\_\_\_, 2018, ending \_\_\_\_\_, 20\_\_\_\_\_

► Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

2018

<b>A Check if:</b>			<b>B Employer identification number</b>
1a Consolidated return (attach Form 851) • • <input type="checkbox"/>	Name <b>AMERIWAY CORPORATION</b> <b>UNITED E-LOGISTICS CORPORATI</b>		81-4134438
b Life/nonlife consolidated return • • • <input type="checkbox"/>	Number, street, and room or suite no. If a P.O. box, see instructions		<b>C Date incorporated</b>
2 Personal holding co. (attach Sch. PH) • • <input type="checkbox"/>	<b>STE 223</b>		10-14-2016
3 Personal service corp. (see instructions) • • <input type="checkbox"/>	City or town, state or province, country and ZIP or foreign postal code		<b>D Total assets (see instructions)</b>
4 Schedule M-3 attached <input type="checkbox"/>	<b>Philadelphia PA 19125</b>		\$ <b>52,531</b>
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

<b>Income</b>	1a Gross receipts or sales . . . . .	1a <b>848,839</b>	<b>1c</b> <b>848,839</b>
	b Returns and allowances . . . . .	1b	
	c Balance. Subtract line 1b from line 1a . . . . .		
	2 Cost of goods sold (attach Form 1125-A) . . . . .		
	3 Gross profit. Subtract line 2 from line 1c . . . . .		
	4 Dividends and inclusions (Schedule C, line 23, column (a)) . . . . .		
	5 Interest . . . . .		
	6 Gross rents . . . . .		
	7 Gross royalties . . . . .		
	8 Capital gain net income (attach Schedule D (Form 1120)) . . . . .		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .		
10 Other income (see instructions - attach statement) . . . . .			
<b>11 Total income.</b> Add lines 3 through 10 ►	<b>11</b> <b>848,839</b>		
<b>Deductions (See instructions for limitations on deductions.)</b>	12 Compensation of officers (see instructions - attach Form 1125-E) . . . . .	12	<b>26</b> <b>932,293</b>
	13 Salaries and wages (less employment credits) . . . . .	13	
	14 Repairs and maintenance . . . . .	14	
	15 Bad debts . . . . .	15	
	16 Rents . . . . .	16	
	17 Taxes and licenses . . . . .	17	
	18 Interest (see instructions) . . . . .	18	
	19 Charitable contributions . . . . .	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .	20	
	21 Depletion . . . . .	21	
	22 Advertising . . . . .	22	
	23 Pension, profit-sharing, etc., plans . . . . .	23	
	24 Employee benefit programs . . . . .	24	
	25 Reserved for future use . . . . .	25	
	26 Other deductions (attach statement) . . . . .	26	
	<b>27 Total deductions.</b> Add lines 12 through 26 ►	<b>27</b> <b>932,293</b>	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 . . . . .	<b>28</b> <b>(83,454)</b>	
	29a Net operating loss deduction (see instructions) . . . . .	29a	
b Special deductions (Schedule C, line 24, column (c)) . . . . .	29b		
c Add lines 29a and 29b . . . . .			
30 Taxable income. Subtract line 29c from line 28. See instructions . . . . .	30 <b>(83,454)</b>		
31 Total tax (Schedule J, Part I, line 11) . . . . .	31 <b>0</b>		
32 2018 net 965 tax liability paid (Schedule J, Part II, line 12) . . . . .	32		
33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23) . . . . .	33		
34 Estimated tax penalty. See instructions. Check if Form 2220 is attached ► <input type="checkbox"/>	34		
35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed . . . . .	35		
36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid . . . . .	36		
37 Enter amount from line 36 you want: Credited to 2019 estimated tax ►	Refunded ►	37	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	XIYAN ZHANG	CEO	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Signature of officer	Date	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Sara Sam</b>	Preparer's signature <b>Sara Sam</b>	Date <b>02-10-2020</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01602029</b>
	Firm's name ► <b>Sara Sam CPA PC</b>			Firm's EIN ► <b>47-1500758</b>	
	Firm's address ► <b>2424 E York Street 301C</b>			Phone no. <b>(215) 667-8839</b>	

Form 1120 (2018)

**AMERIWAY CORPORATION****81-4134438****Page 2**

<b>Schedule C</b>	<b>Dividends, Inclusions, and Special Deductions (see instructions)</b>	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		65	
8	Dividends from wholly owned foreign subsidiaries . . . . .		100	
9	<b>Subtotal.</b> Add lines 1 through 8. See instructions for limitations . . . . .		see instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11	Dividends from affiliated group members . . . . .		100	
12	Dividends from certain FSCs . . . . .		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions) . . . . .		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends) . . . . .			
15	Section 965(a) inclusion . . . . .		see instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions) . . . . .		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions) . . . . .			
c	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions) . . . . .			
17	Global Intangible Low-Taxed Income (GILTI)(attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid . . . . .			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3 . . . . .			
20	Other dividends . . . . .			
21	Deduction for dividends paid on certain preferred stock of public utilities. . . . .			
22	Section 250 deduction (attach Form 8993) . . . . .			
23	<b>Total dividends and inclusions.</b> Add lines 9 through 20. Enter here and on page 1, line 4 . . . . .			
24	<b>Total special deductions.</b> Add lines 9 through 22, column (c). Enter here and on page 1, line 29b . . . . . ►			

EEA

Form 1120 (2018)

**Schedule J Tax Computation and Payment (see instructions)****Part I - Tax Computation**

1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ► <input type="checkbox"/>		
2 Income tax. See instructions .....	2	0
3 Base erosion minimum tax (attach Form 8991) .....	3	
4 Add lines 2 and 3 .....	4	0
5a Foreign tax credit (attach Form 1118) .....	5a	0
b Credit from Form 8834 (see instructions) .....	5b	
c General business credit (attach Form 3800) .....	5c	
d Credit for prior year minimum tax (attach Form 8827) .....	5d	
e Bond credits from Form 8912 .....	5e	
6 Total credits. Add lines 5a through 5e .....	6	
7 Subtract line 6 from line 4 .....	7	0
8 Personal holding company tax (attach Schedule PH (Form 1120)) .....	8	0
9a Recapture of investment credit (attach Form 4255) .....	9a	
b Recapture of low-income housing credit (attach Form 8611) .....	9b	
c Interest due under the look-back method - completed long-term contracts (attach Form 8697) .....	9c	
d Interest due under the look-back method - income forecast method (attach Form 8866) .....	9d	
e Alternative tax on qualifying shipping activities (attach Form 8902) .....	9e	
f Other (see instructions - attach statement) .....	9f	
10 Total. Add lines 9a through 9f .....	10	
11 Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31 .....	11	0

**Part II - Section 965 Payments (see instructions)**

12 2018 net 965 tax liability paid from Form 965-B, Part II, column (k), line 2. Enter here and on page 1, line 32 ..	12	
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**Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability**

13 2017 overpayment credited to 2018 .....	13	
14 2018 estimated tax payments .....	14	
15 2018 refund applied for on Form 4466 .....	15	( )
16 Combine lines 13, 14, and 15 .....	16	
17 Tax deposited with Form 7004 .....	17	
18 Withholding (see instructions) .....	18	
19 Total payments. Add lines 16, 17, and 18 .....	19	
20 Refundable credits from:		
a Form 2439 .....	20a	
b Form 4136 .....	20b	
c Form 8827, line 8c .....	20c	
d Other (attach statement - see instructions) .....	20d	
21 Total credits. Add lines 20a through 20d .....	21	
22 2018 net 965 tax liability from Form 965-B, Part I, column (d), line 2. See instructions .....	22	
23 Total payments, credits, and section 965 net tax liability Add lines 19, 21, and 22. Enter here and on page 1, line 33 .....	23	

Form 1120 (2018)

**AMERIWAY CORPORATION****81-4134438****Page 4****Schedule K****Other Information (see instructions)**

1 Check accounting method:	a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►	Yes	No
2 See the instructions and enter the:	a Business activity code no. ► <b>488990</b>		
	b Business activity ► <b>LOGISTICS</b>		
	c Product or service ► <b>SERVICE</b>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	.....		<b>X</b>
If "Yes," enter name and EIN of the parent corporation ►			
4 At the end of the tax year:			
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)	.....		<b>X</b>
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	.....	<b>X</b>	
5 At the end of the tax year, did the corporation:			
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions	.....		<b>X</b>
If "Yes," complete (i) through (iv) below.			
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions	.....		<b>X</b>
If "Yes," complete (i) through (iv) below.			
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316	.....		<b>X</b>
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.			
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.			
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter:	.....		<b>X</b>
(a) Percentage owned ► _____ and (b) Owner's country ► _____			
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ► <b>0</b>			
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount	.....	► <input type="checkbox"/>	
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.			
9 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ _____			
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ► <b>4</b>			
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ► <input checked="" type="checkbox"/>			
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.			
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.)	.....	► \$ <b>184,757</b>	

**Schedule K****Other Information (continued from page 4)**

- 13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the **tax year** and its total assets at the end of the **tax year** less than \$250,000? . . . . . Yes  No
- If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the **tax year** ► \$ \_\_\_\_\_
- 14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain **Tax** Position Statement? See instructions . . . . . Yes
- If "Yes," complete and attach Schedule UTP.
- 15a Did the corporation make any payments in 2018 that would require it to file Form(s) 1099? . . . . . Yes
- b If "Yes," did or will the corporation file required Forms 1099? . . . . . Yes
- 16 During this **tax year**, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? . . . . . Yes
- 17 During or subsequent to this **tax year**, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a **taxable**, **non-taxable**, or **tax** deferred transaction? . . . . . Yes
- 18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? . . . . . Yes
- 19 During the corporation's **tax year**, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? . . . . . Yes
- 20 Is the corporation operating on a cooperative basis? . . . . . Yes
- 21 During the **tax year**, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions . . . . . Yes
- If "Yes," enter the total amount of the disallowed deductions ► \$ \_\_\_\_\_
- 22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding **tax** years? (See sections 59A(e)(2) and (3)) . . . . . Yes
- If "Yes," complete and attach Form 8991.
- 23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the **tax year**? See instructions . . . . . Yes
- 24 Does the corporation satisfy **one** of the following conditions and the corporation does not own a pass-through entity with current year, or prior year carryover, excess business interest expense? See instructions . . . . . Yes
- a The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 **tax** years preceding the current **tax** year do not exceed \$25 million, and the corporation is not a **tax** shelter, or
- b The corporation only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7).
- If "No," complete and attach Form 8990.
- 25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . . Yes
- If "Yes," enter amount from Form 8996, line 13 ► \$ \_\_\_\_\_

Form 1120 (2018)

**AMERIWAY CORPORATION****81-4134438**

Page 6

<b>Schedule L</b>	<b>Balance Sheets per Books</b>	Beginning of <b>tax year</b>		End of <b>tax year</b>	
		(a)	(b)	(c)	(d)
1	Cash . . . . .		43,564		52,531
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .	( )		( )	
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .				
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .				
10a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .	( )		( )	
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .				
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach statement) . . . . .				
15	Total assets . . . . .		43,564		52,531
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		23,514		38,520
17	Mortgages, notes, bonds payable in less than 1 year .				
18	Other current liabilities (attach statement) . . .				
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more .				
21	Other liabilities (attach statement) . . . . .				
22	Capital stock: a Preferred stock . . . . .				
b	Common stock . . . . .	100	100	100	100
23	Additional paid-in capital . . . . .		204,707		282,122
24	Retained earnings-Appropriated (attach statement) .				
25	Retained earnings-Unappropriated . . . . .		(184,757)		(268,211)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock . . . . .		( )		( )
28	Total liabilities and shareholders' equity . . . . .		43,564		52,531

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books . . . . .	(83,454)	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____
2	Federal income tax per books . . . . .			
3	Excess of capital losses over capital gains . . .			
4	Income subject to tax not recorded on books this year (itemize): _____			
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize): a Depreciation . . . . \$ _____ b Charitable contributions \$ _____
a	Depreciation . . . . \$ _____			
b	Charitable contributions \$ _____			
c	Travel and entertainment \$ _____			
6	Add lines 1 through 5 . . . . .	(83,454)	9	Add lines 7 and 8 . . . . .
			10	Income (page 1, line 28)-line 6 less line 9 (83,454)

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year . . . . .	(184,757)	5	Distributions: a Cash . . . . .
2	Net income (loss) per books . . . . .	(83,454)	b Stock . . . . .	
3	Other increases (itemize): _____		c Property . . . . .	
4	Add lines 1, 2, and 3 . . . . .	(268,211)	6	Other decreases (itemize): _____
			7	Add lines 5 and 6 . . . . .
			8	Balance at end of year (line 4 less line 7) (268,211)

**SCHEDULE G**  
**(Form 1120)**

(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

## **Information on Certain Persons Owning the Corporation's Voting Stock**

OMB No. 1545-0123

► Attach to Form 1120.

► See instructions.

Name

**Employer identification number (EIN)**

## AMERIWAY CORPORATION

81-4134438

**Part I Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

**Part II** **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

<b>Federal Supporting Statements</b>		<b>2018 PG01</b>
Name(s) as shown on return		Tax ID Number
<b>AMERIWAY CORPORATION</b>		81-4134438
Form 1120 - Line 26 - Other Deductions		Statement #5
Description		Amount
Freight		871,406
Independent Contractor		44,100
Legal and professional		1,358
Permits and fees		617
Travel		7,244
OTHER BUSINESS EXP		7,568
<b>Total</b>		<b><u>932,293</u></b>

**Form 1120-C, Schedule G, Line 9a, Column (a),  
Patronage NOL Deduction**

(Keep for your records)

**2018**

Name(s) as shown on return

**AMERIWAY CORPORATION**

Tax ID Number

**81-4134438**

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2018	Unused Loss	Unused Sec 170(d)(2)(B)
<b>1998</b>				<b>Expiring this year</b>	<b>Expiring this year</b>
<b>1999</b>					
<b>2000</b>					
<b>2001</b>					
<b>2002</b>					
<b>2003</b>					
<b>2004</b>					
<b>2005</b>					
<b>2006</b>					
<b>2007</b>					
<b>2008</b>					
<b>2009</b>					
<b>2010</b>					
<b>2011</b>					
<b>2012</b>					
<b>2013</b>					
<b>2014</b>					
<b>2015</b>					
<b>2016</b>	<b>99,079</b>			<b>99,079</b>	
<b>2017</b>	<b>85,678</b>			<b>85,678</b>	
	<b>Current year NOL</b>		<b>Applied to Prior Years</b>	<b>Remaining 2018 NOL carryover</b>	
<b>2018</b>	<b>83,454</b>			<b>83,454</b>	
	<b>Future years NOL</b>		<b>Applied to 2018</b>		
Future Years					
<b>TOTALS</b>	<b>268,211</b>		<b>0</b>	<b>268,211</b>	<b>0</b>

\* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

**HIGHLY CONFIDENTIAL - ATTORNEY'S EYES ONLY****AMERIWAY - 0077586**

1010018162



DEPARTMENT USE ONLY

**RCT-101 08-18 PAGE 1 OF 4  
PA CORPORATE NET INCOME TAX REPORT 2018**

IRS Filing Type A = 1120 B = 1120S C = Other A

**STEP A**

Tax Year Beginning 01012018 Tax Year Ending 12312018

**STEP B**

Amended Report	Y	52-53 Week Filer	N	First Report	N	File Period Change
Federal Extension Granted	N	Address Change	N	KOZ/EIP/SDA Credit	N	S Corp Taxable Built-in Gains
		Change Fed Group	N	Royalty/Related Interest	N	Section 381/382/Merger
				Add-Back (Act 52 of 2013)		NOLS/Regulated Inv. Co./ Sub Paragraph 18

**STEP C**

Revenue ID	0000000000	Parent Corporation EIN
Federal EIN	814134438	
Business Activity Code	488990	
Corporation Name	AMERIWAY CORPORATION	
Address Line 1	SUITE 223	
Address Line 2	2424 E YORK ST	
City	PHILADELPHIA	
State	P A	Province
ZIP	19125	Country Code
		Foreign Postal Code

**STEP D: PA CORPORATE NET INCOME TAX**

USE WHOLE DOLLARS ONLY

**A. Tax Liability**  
from Page 2  
(can not be less than zero)

**B. Estimated**  
Payments &  
Credits on Deposit

**C. Restricted**  
Credits

**STEP E:**  
**Payment Due/Overpayment**  
Calculation: A minus B minus C  
See instructions.

CNI 0 0 0 0 0

**STEP F: Transfer/Refund Method (See instructions.)**

E-File Opt Out (See instructions.)

N

- Transfer:** Amount to be credited to the next tax year after offsetting all unpaid liabilities.
- Refund:** Amount to be refunded after offsetting all unpaid liabilities.

**STEP G: Corporate Officer (Must sign affirmation below)**

NAME XIYAN ZHANG  
PHONE 2153958756  
EMAIL XZHANG@STRATUMLAW.COM

FORM 1024  
BARCODE 0000

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If this report is an amended report, the taxpayer hereby consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires, and agrees to retain all required records pertaining to that tax and tax period until the end of the extended assessment period, regardless of any statutory provision providing for a shorter period of retention. For purposes of this extension, an original report filed before the due date is deemed filed on the due date. I am authorized to execute this consent to the extension of the assessment period.

**Corporate Officer Signature**  
XIYAN ZHANG

Date 02032020

HIGHLY CONFIDENTIAL - ATTORNEY'S EYES ONLY

AMERIWAY - 0077587

1010018262

REVENUE ID 0000000000  
**TAX YEAR END** 12312018 NAME AMERIWAY CORPORATION  
 RCT-101 08-18 PAGE 2 OF 4 PA CORPORATE NET INCOME TAX REPORT 2018

**SECTION A: BONUS DEPRECIATION**

USE WHOLE DOLLARS ONLY

(Include REV-1834, Schedule C-8 and C-9, if claiming bonus depreciation.)

- |  |   |                          |
|--|---|--------------------------|
| 1. Current year federal depreciation of 168k prop.       | 1 | <input type="checkbox"/> |
| 2. Current year adjustment for disposition of 168k prop. | 2 | <input type="checkbox"/> |
| 3. Other adjustments.                                    | 3 | <input type="checkbox"/> |

**SECTION B: PA CORPORATE NET INCOME TAX**

- |  |   |        |
|--|---|--------|
| 1. Income or loss from federal return on a separate-company basis. | 1 | -83454 |
|--|---|--------|

**2. DEDUCTIONS:**

- |   |    |                          |
|---|----|--------------------------|
| 2A. Corporate dividends received (from REV-798, Schedule C-2, Line 7).                  | 2A | <input type="checkbox"/> |
| 2B. Interest on U.S. securities (GROSS INTEREST minus EXPENSES).                        | 2B | <input type="checkbox"/> |
| 2C. Current yr. addtl. PA deprec. plus adjust. for sale (REV-1834, Sched. C-8, Line 8). | 2C | <input type="checkbox"/> |
| 2D. Other (from REV-860, Schedule OD) See instructions.                                 | 2D | <input type="checkbox"/> |
| <b>TOTAL DEDUCTIONS - Add Lines 2A through 2D and enter the result on Line 2.</b>       | 2  | <input type="checkbox"/> |

**3. ADDITIONS:**

- |  |    |                          |
|--|----|--------------------------|
| 3A. Taxes imposed on or measured by net income (from REV-860, Schedule C-5, Line 6).                     | 3A | <input type="checkbox"/> |
| 3B. Employment incentive payment credit adjustment (Include Schedule W).                                 | 3B | <input type="checkbox"/> |
| 3C. Current year bonus depreciation (from REV-1834, Sched. C-8, Line 3).                                 | 3C | <input type="checkbox"/> |
| 3D. Intangible expense or related interest expense (REV-802, Sched. C-6, Line 11; must include REV-802). | 3D | <input type="checkbox"/> |
| 3E. Other (from REV-860, Schedule OA) See instructions.  | 3E | <input type="checkbox"/> |
| <b>TOTAL ADDITIONS - Add Lines 3A through 3E and enter the result on Line 3.</b>                         | 3  | <input type="checkbox"/> |

- |  |    |                          |
|--|----|--------------------------|
| 4. Income or loss with Pennsylvania adjustments (Line 1 minus Line 2 plus Line 3).   | 4  | -83454                   |
| 5. Total nonbusiness income or loss (from REV-934, Column C, Total; must include REV-934).   | 5  | <input type="checkbox"/> |
| 6. Income or loss to be apportioned (Line 4 minus Line 5).   | 6  | -83454                   |
| 7. Apportionment (from Schedule C-1, 1C, or 2C if using Special Apportionment).  | 7  | 1.000000                 |
| 8. Income or loss apportioned to PA (Line 6 times Line 7).   | 8  | -83454                   |
| 9. Nonbusiness income or loss allocated to PA (from REV-934, Column A, Total; must include REV-934).   | 9  | <input type="checkbox"/> |
| 10. PA taxable income or loss after apportionment (Line 8 plus Line 9).  | 10 | -83454                   |
| 11. Total net operating loss deduction (from RCT-103, Part A, Line 4).   | 11 | <input type="checkbox"/> |
| 12. PA taxable income or loss (Line 10 minus Line 11).   | 12 | -83454                   |
| 13. PA corporate net income tax (Line 12 times 0.0999). If Line 12 is less than zero, enter "0".   | 13 | <input type="checkbox"/> |
| 14. Less: Credit for tax paid by affiliate(s) for intangible expense or related interest expense (from REV-803, Sched. C-7, Line 9; must include REV-803). | 14 | <input type="checkbox"/> |
| <b>15. Tax Due (Line 13 minus Line 14.)</b>  | 15 | <input type="checkbox"/> |

**SCHEDULE C-1: Apportionment Schedule For Corporate Net Income Tax (Include RCT-106.) \***

Sales Factor				Special Apportionment		
Sales - PA	1A	848839	1C	1.000000	Numerator	2A
Sales - Total	1B	848839			Denominator	2B
					Apportionment	2C
					Proportion	<input type="checkbox"/>

\* Refer to REV-1200, PA Corporate Net Income Tax Instructions, found at www.revenue.pa.gov.



1010018262

HIGHLY CONFIDENTIAL - ATTORNEY'S EYES ONLY

1010018262  
AMERIWAY - 0077588

1010018362

REVENUE ID 0000000000  
**TAX YEAR END** 12312018 NAME AMERIWAY CORPORATION  
 RCT-101 08-18 PAGE 3 OF 4 PA CORPORATE NET INCOME TAX REPORT 2018

**SECTION C: CORPORATE STATUS CHANGES****Final Report****N****PA Corporations:**

Did you ever transact business anywhere? **N** If yes, enter date all business activity ceased  
 Did you hold assets anywhere? **N** If yes, enter date of final disposition of assets\*

**Foreign Corporations:**

Did you ever transact business in PA on your own or through an unincorporated entity? **N** If yes, enter date PA business activity ceased  
 Did you hold assets in PA on your own or through an unincorporated entity? **N** If yes, enter date of final disposition of PA assets\*

\*Schedule of Disposition of Assets, REV-861, must be completed and filed with this report.

Has the corporation sold or transferred in bulk, 51 percent or more of any class of assets? (See instructions.)  
 If yes, enter the following information. (Include a separate schedule if additional space is needed.) **N**

Purchaser Name	
Address Line 1	
Address Line 2	
City	Province
State	Country Code
ZIP	Foreign Postal Code

**SECTION D: GENERAL INFORMATION QUESTIONNAIRE**

Describe corporate activity in PA **NONE**

Describe corporate activity outside PA

Other states in which taxpayer has activity

State of Incorporation **DE** Incorporation Date **10142016**

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation? **1 N**
2. Does this corporation own all or a majority of stock in other corporations? If yes, include REV-798, Schedule X. **2 N**
3. Is this taxpayer a partnership or other unincorporated entity that elects to file federal taxes as a corporation? **3 N**
4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? **4 N**

If yes: First Period End Date:

Last Period End Date:

Accounting Method - Federal Tax Return

Accounting Method - Financial Statements

**C** A = Accrual    **C** = Cash    **O** = Other

**C** A = Accrual    **C** = Cash    **O** = Other

Other

Other



1010018362

HIGHLY CONFIDENTIAL - ATTORNEY'S EYES ONLY

1010018362  
AMERIWAY - 0077589

1010018462

REVENUE ID 0000000000  
**TAX YEAR END** 12312018 NAME AMERIWAY CORPORATION  
**RCT-101 08-18 PAGE 4 OF 4 PA CORPORATE NET INCOME TAX REPORT 2018**

SCHEDULE OF REAL PROPERTY IN PA (Include a separate schedule if additional space is needed.)

Did you own or rent property in PA titled to the corporation or any Single Member LLC during this filing period?

If yes, the below section must be completed.

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

**CORPORATE OFFICERS**

(See instructions.)

Must provide requested information  
for all filled officer positions.

President/Managing Partner

Vice President

Secretary

Treasurer/Tax Manager

SSN

Last Name

First Name

MI

**PREPARER'S INFORMATION**

Mail to Preparer

N

Firm Federal EIN

471500758

Firm Name

SARA SAM CPA PC

Address Line 1

2424 E YORK STREET 301C

Address Line 2

City

PHILADELPHIA

Province

State

PA

Country Code

ZIP

19125

Foreign Postal Code

I affirm under penalties prescribed by law, this report, including any accompanying schedules and statements, has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

**Tax Preparer's Signature****Date**

02102020

**INDIVIDUAL PREPARER** SARA SAM  
**PHONE** 2156678839  
**EMAIL**  
**PTIN/SSN** P01602029



1010018462

HIGHLY CONFIDENTIAL - ATTORNEY'S EYES ONLY

1010018462  
AMERIWAY - 0077590

**pennsylvania**  
DEPARTMENT OF REVENUE

**REV-1834** (CT) 08-18

**SCHEDULE C-8**

**ADJUSTMENT FOR BONUS DEPRECIATION**

**TAX YEAR**  
**BEGINNING** 01-01-2018

**CORPORATION NAME** AMERIWAY CORPORATION **REVENUE ID** 0000000000

**TAX YEAR**  
**ENDING** 12-31-2018

**This Schedule is required to be completed annually and submitted with the RCT-101**

1. Unused Bonus Depreciation Balance from prior year: . . . . .

  - 1A. Unrecovered Bonus Depreciation Balance: . . . . .   
On Qualified Property Acquired in Transactions Where Asset Basis is Carried Over  
Date of Transaction: \_\_\_\_\_ Type of Transaction: \_\_\_\_\_  
Revenue ID of Corporation from Whom Assets Acquired: \_\_\_\_\_ FEIN: \_\_\_\_\_

2. Amount of Federal Bonus Depreciation claimed in this tax year:  
  - 2A. Property placed in service prior to Sept. 28, 2017 . . . . .
  - 2B. Property placed in service on or after Sept. 28, 2017 . . . . .
3. Current Year Bonus Deprec. Addition (Line 2A plus 2B)  
TOTAL (Carry to Line 3C, Page 2, of RCT-101) . . . . .
4. Additional PA Bonus Depreciation Deduction:  
  - 4A. Property placed in service prior to Sept. 28, 2017 (MACRS x 3/7) . . . . .
  - 4B. Property placed in service on or after Sept. 28, 2017 (MACRS w/o regard to Bonus) . . . . .
5. PA Bonus Depreciation Deduction  
TOTAL (Line 4A plus 4B) . . . . .
6. Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:  
  - 6A. Property placed in service prior to Sept. 28, 2017 (Schedule C-9 Line 2) . . . . .
  - 6B. Property placed in service on or after Sept. 28, 2017 (Schedule C-9 Line 4) . . . . .
7. PA Deduction for Property Which is Fully Depreciated, Sold or Otherwise Disposed:  
TOTAL (Line 6A plus 6B) . . . . .
8. PA Bonus Depreciation Deduction (Line 5 plus 7)  
TOTAL (Carry to line 2C, Page 2, of RCT-101) . . . . .
9. Remaining Unused Bonus Depreciation Balance Carry-Forward:  
TOTAL (Line 1 plus Line 1A plus Line 3 minus Line 8) . . . . .



2018 BIRT-EZ

CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE  
**2018 BUSINESS INCOME & RECEIPTS TAX**  
 For business conducted 100% in Philadelphia  
 DUE DATE: APRIL 15, 2019

AMERIWAY CORPORATION  
 2424 E YORK ST

PHILADELPHIA, PA 19125

City Account Number  
 3253796

EIN 814134438  
 SSN

Taxpayer E-mail Address  
 XZHANG@STRATUMLAW.COM

If this is a change of address, file a Change Form and check this box:

If your business terminated in 2018, enter the termination date AND file a CHANGE FORM.



**YOU MUST COMPLETE WORKSHEET "S-EZ"**

*If this is an amended return place an "X" here:*

**COMPUTATION OF TAX DUE OR OVERPAYMENT**

1. NET INCOME PORTION OF <b>TAX</b> (from Page 2, Line 6). If there is no <b>tax</b> due, enter "0" . . . . .	1. . . . .	0
2. GROSS RECEIPTS PORTION OF <b>TAX</b> (from Page 2, Line 11). If there is no <b>tax</b> due, enter "0" . . . . .	2. . . . .	1060
3. <b>Tax Due</b> for the 2018 Business Income & Receipts <b>Tax</b> (Line 1 plus Line 2) . . . . .	3. . . . .	1060
4. <b>MANDATORY 2019 BIRT Estimated Payment (See Instructions)</b> . . . . .	4. . . . .	1060
5. Total Due by <b>4/15/2019</b> (Line 3 plus Line 4) . . . . .	5. . . . .	2120

**ESTIMATED PAYMENTS AND OTHER CREDITS**

6a. Include any estimated and/or extension payments of 2018 BIRT previously made, and any credit from overpayment of the 2017 BIRT and/or 2018 NPT return . . . . .	6a. . . . .	679
6b. Credit from Special Credit Schedule (SC). (Cannot exceed amount on Line 3) . . . . .	6b. . . . .	
6c. Total payments and credits. (Line 6a plus Line 6b) . . . . .	6c. . . . .	679
7. Net <b>Tax</b> Due (Line 5 less Line 6c). If Line 6c is greater than Line 5, enter "0" . . . . .	7. . . . .	1441
8. Interest and Penalty Refer to web site for current percentage . . . . .	8. . . . .	
9. <b>TOTAL DUE</b> including Interest and Penalty (Line 7 plus Line 8). Use payment coupon. Make check payable to: "City of Philadelphia" . . . . .	9. . . . .	1441

**OVERPAYMENT OPTIONS** If Line 6c is greater than Line 5, enter the amount to be:

10a. Refunded. Do not file a separate Refund Petition . . . . .

10a. . . . .

10b. Applied to the 2018 Net Profits **Tax** Return . . . . .

10c. Applied to the 2019 Business Income & Receipts **Tax** . . . . .

Under penalties of perjury, as set forth in 18 PA C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Taxpayer Signature \_\_\_\_\_ Date 02-03-2020 Phone # 215-395-8756

Preparer Signature \_\_\_\_\_ Date 02-10-2020 Phone # 215-667-8839



AMERIWAY - 0077592

2018 BIRT-EZ

**TAX COMPUTATION SCHEDULES**

City Account Number

3253796

If business is operated inside and outside of Philadelphia, you **must** file the BIRT Regular return available at [www.phila.gov/revenue](http://www.phila.gov/revenue).Reminder - You **must** use the same method (METHOD I or METHOD II) that you elected on the first Business Income & Receipts Tax return filed.**NET INCOME PORTION****Place "X" in box to indicate a loss.**

1. <b>METHOD II.</b> Net Income (or loss) as properly reported to the Federal Government . . . . .	1.	X	83454
<b>OR</b>			
2. <b>METHOD I.</b> Net Income (or loss) in accordance with Accounting System . . . . .	2.		
3. <b>Statutory Net Income Deduction from Worksheet S-EZ, Line S5, below</b> . . . . .	3.		
4. Loss Carry Forward, if any . . . . .	4.		
5. <b>Taxable Income or loss. (Amount on Line 1 OR Line 2 minus Line 3 minus Line 4)</b> . . . . .	5.	X	83454
6. <b>TAX DUE</b> (Line 5 X .0630). If Line 5 is a loss, enter zero here and on Page 1, Line 1 . . . . .	6.		

**GROSS RECEIPTS PORTION*****Do not report negative numbers for gross receipts.*****TAXABLE GROSS RECEIPTS** from:

7a. Sales and/or rentals of tangible personal property . . . . .	7a.	
7b. Services . . . . .	7b.	848839
7c. Rentals of real property . . . . .	7c.	
7d. Royalties . . . . .	7d.	
7e. Gains on sales of capital business assets . . . . .	7e.	
7f. Gains on sales of stocks, bonds, etc. (Not applicable to individuals.) . . . . .	7f.	
7g. Dividends. (Not applicable to individuals.) . . . . .	7g.	
7h. Interest. (Not applicable to individuals.) . . . . .	7h.	
7i. Other. (Describe) _____ . . . . .	7i.	
8. <b>TAXABLE GROSS RECEIPTS</b> before Statutory Exclusion. (Add Lines 7a through 7i.) . . . . .	8.	848839
9. <b>Statutory Exclusion (Lower of Line 8 or \$100,000.00)</b> . . . . .	9.	100000
10. Net <b>taxable Gross Receipts</b> (Line 8 minus Line 9) . . . . .	10.	748839
11. <b>TAX DUE.</b> (Line 10 X .001415). Enter here and on Page 1, Line 2 . . . . .	11.	1060

**Worksheet S-EZ - Use to calculate Statutory Net Income Deduction**

S1. Enter the lower of Line 8 above or \$100,000.00 . . . . .	S1.	100000
S2. Enter Net Income from Line 1 or Line 2. If loss, enter zero . . . . .	S2.	
S3. Enter <b>Taxable Gross Receipts</b> from Line 8 above . . . . .	S3.	848839
S4. Divide Line S2 by Line S3. (Cannot be greater than 1.0000) . . . . .	S4.	
S5. Statutory Net Income Deduction (Line S1 times Line S4. Cannot exceed \$100,000) . . . . .	S5.	
<b>Enter here and on Line 3, above.</b>		

Name <b>AMERIWAY CORPORATION</b>	SSN/EIN <b>814134438</b>
<b>DATE TO FILE BY:</b>	04-15-2019
<b>PAYMENT:</b>	\$1,441.00
<b>PAYMENT METHODS:</b>	MAKE CHECK PAYABLE TO THE "CITY OF PHILADELPHIA". PAYMENT OF TAX MUST BE MADE USING THE PREPRINTED COUPONS AND POSTAGE PAID ENVELOPE PROVIDED TO EXISTING TAXPAYERS. PAYMENT OF BPT INCLUDES TAX (NET OF PREPAYMENTS/CREDITS) AND MANDATORY ESTIMATE.
<b>ADDRESS TO FILE:</b>	CITY OF PHILADELPHIA DEPARTMENT OF REVENUE PO BOX 1393 PHILADELPHIA, PA 19105-1393
<b>OTHER INSTRUCTIONS:</b>	DO NOT ATTACH COPIES OF FEDERAL FORMS OR SCHEDULES. ACH DEBITS AND CREDITS ARE ACCEPTED FOR PAYMENT OF NPT OR BPT. FOR INFORMATION IN ENROLLING IN THIS PROGRAM GO TO WWW.PHLIA.GOV/REVENUE IN THE "ELECTRONIC FILING" SECTION OR CALL 215-686-6582.

## **TAXPAYER RECORDS**

Detach here

## **■ 2018 BIRT and MANDATORY ESTIMATED 2019 BIRT PAYMENT COUPON**

Due Date: April 15, 2019

**TAXPAYER NAME** AMERIWAY CORPORATION  
and ADDRESS 2424 E YORK ST STE 223  
PHILADELPHIA, PA 19125  
**CITY ACCOUNT #:** 3253796

#### **Interest & Penalty**

CITY ACCOUNT #: 9299798

**Total Due**



**Make check payable to: "City of Philadelphia"  
Include your Account Number on your check or money order.**